

**Personal Information:** 

## 2025-2026 Golden LEAF Community College Scholarship Application



**Instructions:** Complete this application and return it to the college's Financial Aid Office. Eligible students must reside in a qualifying county as determined by the Golden LEAF Foundation

| Full Name:  | Student ID Number:  |   |
|---|---|---|
| Address:  | City:   | St: Zip:                                  |
| Phone Number:   | _ Email:  |   |
| NC County of residence:(To be eligible for an initial award, your per LEAF Foundation)  Educational Information:  Community College you are attending | rmanent residence mut be in a qu  | ualifying county determined by the Golden |
| Curriculum program you are enrolled/  |   |   |
| Continuing Education course/pathway   |   |   |
| Your Household Size   | \$ Your 2024 Ad   | justed Gross Income (Or Annual Wage       |
| Must be enrolled in a course that trains to<br>Credentials list. The latest WCE credentia   |   | <del>-</del>                              |
| <ul> <li>business? yes no</li> <li>Have you or members of your furniture, textiles, or tobacco</li> <li>Has anyone in your household</li> </ul>       | o immediate family been emplomanufacturing? yes<br>I lost their job in the past two |   |
| Applicant Certification:  |   |   |
| I have read and understand the requireme this form is complete and correct to the be  | •   | declare that the information provided on  |
| Applicant Signature:  |   | Date:                                     |